

# Montana Healthcare Programs Home Health Services

## Proposed Fee Schedule Explanation

Proposed Effective July 1, 2023

### Definitions:

#### Description:

Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions  
In order to assure correct coding.

#### Effective

This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globin's, vaccines,  
And toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

#### Method – Source of Fee Determination:

Note: If a valid, current code is not present, that code may be a non-covered service

**Fee Sched:** Medicaid fee; not determined using RBRVS payment schedule  
**RBRVS:** Based on Medicare Relative Value Units (RVU's) x Montana  
Medicaid conversion factor x policy adjuster. Allied conversion factor for  
fiscal year 2024 is \$26.13

#### PA:

Prior Authorization

**Y:** Prior authorization is required by this code  
**NA:** Prior authorization not required for this code

CPT codes, descriptors, and other data only are copyright 1995-2023 American Medical Association (or such other date of publication of CPT). All Rights Reserved.  
Applicable FARS/DFARS Apply.